



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

February 6, 2006

MEMORANDUM

TO: LME Directors

FROM: Mike Moseley 

RE: Expedited process for ICF-MR level of care determinations

The Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) in collaboration with the Division of Medical Assistance (DMA) has been working to develop strategies to address the needs of individuals who will be impacted by the decision of the Centers for Medicaid and Medicare (CMS) to require the elimination of Community Based Service (CBS) from the State Medicaid Plan and not to approve Developmental Therapy as a replacement service. One of the identified strategies is to serve those individuals who meet the ICF-MR level of care through the CAP-MR/DD waiver. The DMH/DD/SAS and DMA have submitted a technical amendment to the CAP-MR/DD waiver to increase the number of people that can be served by the waiver to address this need.

In order to ensure continuity of service, it is necessary to expedite the process of determining ICF-MR level of care for those individuals who are currently receiving CBS and who are potentially eligible for CAP-MR/DD. As you know, timing is critical since CBS will be eliminated with the implementation of the new services March 20, 2006. The DMH/DD/SAS State Operated Services Section has worked with Murdoch Center to identify additional resources within the other developmental centers to assist in expediting determinations of level of care. **Effective Monday, February 6, 2006 through March 30, 2006 the following processes will be followed to ensure that individuals identified are brought promptly into service:**

- LMEs are to immediately begin preparing level of care determination packets (MR2s and supporting documentation) for Medicaid-eligible individuals who are not currently on the waiver but are receiving CBS and have been identified as potentially eligible for ICF-MR level of care. **Please note that in order to address this emergency situation created by the CMS decision, regardless of the plan or process that an LME has developed to prioritize the use of waiver funding allocations, the only individuals that shall be added to the waiver at this time are Medicaid eligible consumers currently receiving CBS.**
- Completed MR2s with the appropriate physician or licensed psychologist signature must be signed and submitted by staff of the LME. The current timeline for psychological evaluations has been loosened for this critical time period. During this transition period



psychological evaluations for children that have been completed within three years and for adults that are within five years, will be accepted.

- MR2s must indicate in item 11 that the requested level of care is **ICF-MR-CAP**.
- LMEs will submit MR2s and accompanying documentation, including psychological evaluation, and a newly developed CAP-MR/DD checklist (see Attachment 1), to a regional developmental center. Fax cover letters must indicate that the CAP-MR/DD effective date will be March 20, 2006. (See Attachment 2 for a list of regional developmental centers including contact information. A list of LMEs assigned to each developmental center is included.)
- After receiving a completed packet, including any additional requested information, the developmental center will have 10 business days to make a determination.
- The LME must mail the blue, stamped copy of the MR2 to the appropriate county Department of Social Services within five business days of receipt of approval of an ICF/MR level of care determination. The DMH/DD/SAS is working with Division of Social Services liaisons at the state level to assure they understand the critical and time-sensitive nature of this activity. We encourage LMEs to also work closely with local DSS offices to make them aware of the rapid increase in waiver participants.

Note: A primary contact person from each LME to coordinate issues related to MR2 submissions must be provided to the Division by end of business day on Wednesday, February 8, 2006. This information is submitted to Sandy Ellsworth, Best Practice Team via email at sandy.ellsworth@ncmail.net.

It is imperative and the responsibility of the LME to work in collaboration with case management provider agencies to ensure understanding of the above processes. Once an individual has been determined to meet the ICF-MR level of care, the case manager must be notified and instructed to develop an abbreviated Plan of Care. Only those services that will most closely replace current CBS services received by the consumer should be included within the initial Plan of Care. The immediate goal is to ensure that consumers will not be faced with a loss of service with elimination of CBS and the implementation of the new Medicaid State Plan. After this critical time period, case managers should begin to work with consumers and families in the development of a complete person centered plan. A full person centered Plan of Care for all consumers added to the waiver during this critical period must be completed by July 20, 2006. Local approval of abbreviated Plans of Care must be completed in order to ensure that services are ready to begin on March 20, 2006. This will require additional coordination with provider agencies.

We recognize the impact of this process on the workload of both LME staff as well as provider agencies. However, ensuring that consumers have needed services and supports must be primary. Please contact the Division of MH/DD/SAS with any questions or concerns at contactdmh@ncmail.net.

Attachments (2): CAP-MR/DD Checklist
Regional Developmental Center/LME Information

cc: Secretary Carmen Hooker Odom	MH Commission Chair
Allen Dobson, MD	Coalition 2001 Chair
Executive Leadership Team	SCFAC Chair
Management Leadership Team	Developmental Center Directors
State Facility Directors	Kory Goldsmith
Carol Duncan Clayton	Mark Benton
Patrice Roesler	Tara Larson



Recipient Name: _____

Contact Name: _____

Recipient MID#: _____

Contact Tele #: _____

CAP-MR/DD CHECKLIST

To expedite the Level of Care authorization process, it is essential that a completed MR2 and a current psychological evaluation be sent to the designated developmental center. It is the responsibility of the LME to ensure that all necessary information is included. Failure to submit a complete MR2 or a current psychological evaluation will result in the request being returned to the LME without a decision as to level of care.

The following checklist must be completed by the LME and faxed to the developmental center along with the MR2 and psychological evaluation.

_____ All boxes on the MR2 are completed in accordance with the instructions on the back of the MR2. Should a box not apply, the box is marked N/A (except for the Prior Approval Number & the date approved [boxes #12 & #13] which are left blank).

_____ The MR2 is checked for **Prior Approval** only.

_____ The MR2 includes the person's Medicaid number. **NO** MR2 can be processed without this number.

_____ The person's county of residence is listed correctly (box #5). This is the county where the Medicaid comes from.

_____ Recommended Level of Care (box #11) is completed and indicates ICF- MR/CAP.

_____ Complete name & address are included for attending physician (box #14), relative/guardian (box #6) and the LME representative who will be processing the MR2. Telephone and fax numbers of the LME representative are also included.

_____ For persons who are not mentally retarded, but may be eligible for ICF-MR level of care because of a related condition, the related condition is specified in the current medical diagnosis (box #17).

_____ The signatures of the physician/Ph.D. psychologist and the LME representative are present, legible and dated at the bottom of the MR2 (boxes #38 & 39).

_____ Psychological evaluation is current (within three years for children under 18 years of age and within five years for adults 18 years and over). The evaluation is signed by a licensed psychologist.

_____ The psychological evaluation addresses both cognitive and adaptive functioning, even when the person does not have mental retardation. These assessments cannot be subjective and must be based on standardized testing. Psychiatric evaluation, consult reports, IEPs are not acceptable substitutes.

_____ For older psychological evaluations there is an update **indicating that the psychological evaluation is still valid**. These updates are current and are signed by a licensed psychologist. The original psychological evaluation must be included with the update.

LME Representative Signature: _____ Date: _____

Telephone #: _____

CONTACTS FOR SUBMISSION OF MR2			
J. I. Riddle	Murdoch		O'Berry
	Caswell		
WESTERN REGION	NORTH CENTRAL REGION	SOUTH CENTRAL REGION	EASTERN REGION
Riddle Center	Murdoch Center	O'Berry Center	Caswell Center
Duke Schell	Jeff Holden	Dr. Dolores Corbin	Gwen Skinner
Phone: (828) 433-2658	Phone: (919) 575-1070	Phone: (919) 581-4050	Phone: (252) 208-4255
Fax: (828) 433-2724	Fax: (919) 575-1083	Fax: (919) 581-4029 - Primary	Fax: (252) 208-4102
Fax: (828) 433-2626	Note: Centerpoint Only	Fax: (919) 581-4005 - Secondary	
	Phone: (919) 575-1085		
	Fax: (919) 575-1009		
Catawba	Alamance-Caswell/Rockingham	Cumberland	Albemarle
Foothills	Centerpoint	Johnston	Eastpointe
Mecklenburg	Crossroads	Sandhills	Edgecombe-Nash
New River	Durham	Southeastern Regional	Neuse
Pathways	Five County	Wake	Onslow-Carteret
Smoky	Guilford		Pitt
Western Highlands Network	OPC		Roanoke-Chowan
			Southeastern Center
			Tideland
			Wilson-Greene